

**JLS** UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF PENNSYLVANIA

DOMONIC ANTONIO GUERRISI

**18 1530**

(In the space above enter the full name(s) of the plaintiff(s).)

- against -

BERK'S COUNTY JAIL SYSTEM

**COMPLAINT**

BERK'S COUNTY JAIL SYSTEM'S WARDEN JANINE QUIGLEY

under the

BERK'S COUNTY JAIL SYSTEM'S EMPLOYEE SLODZIAN (spelling?)

Civil Rights Act, 42 U.S.C. § 1983  
(Prisoner Complaint)

PrimeCare Medical, INC.

Pennsylvania Board Of Probation And Parole

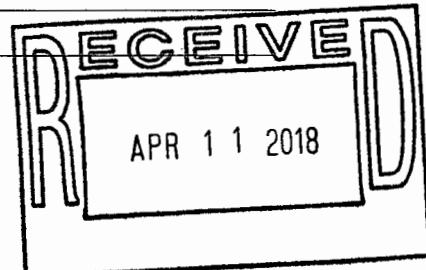
Jury Trial:  Yes  No  
(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

**I. Parties in this complaint:**

A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name Domonic Antonio Guerrisi (See attached "Note on Name")  
ID # 2017-1930  
Current Institution Berk's County Jail System  
Address 1287 County Welfare Road  
LEESPORT, PA 19533-9397



B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name BERK'S COUNTY JAIL SYSTEM Shield # \_\_\_\_\_Where Currently Employed Berk's County Jail SystemAddress 1287 County Welfare RoadLEESPORT, PA 19533-9397

Defendant No. 2

Name BERK'S COUNTY JAIL SYSTEM'S WARDEN JANINE QUIGLEY Shield # \_\_\_\_\_Where Currently Employed Berk's County Jail SystemAddress 1287 County Welfare RoadLEESPORT, PA 19533-9397

Defendant No. 3

Name BERK'S COUNTY JAIL SYSTEM'S EMPLOYEE SLODOZIAN Shield # <sup>(Spelling?)</sup> \_\_\_\_\_Where Currently Employed Berk's County Jail SystemAddress 1287 County Welfare RoadLEESPORT, PA 19533-9397

Defendant No. 4

Name PrimeCare Medical, INC. Shield # \_\_\_\_\_Where Currently Employed Berk's County Jail SystemAddress 1287 County Welfare RoadLEESPORT, PA 19533-9397

Defendant No. 5

Name Pennsylvania Board Of Probation And Parole Shield # \_\_\_\_\_Where Currently Employed P.B.P.P MAIN OFFICEAddress 1101 South Front StreetHARRISBURGH, PA 17104-2519

## II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur? BERK'S COUNTY JAIL SYSTEM

B. Where in the institution did the events giving rise to your claim(s) occur? Intake, E-Block (Quarantine)  
J-Block

C. What date and approximate time did the events giving rise to your claim(s) occur? 02/15/2018. 02/17/2018  
02/23/2018 2/24/2018 APPROX.  
1800 HRS

What happened to you?

D. Facts: A Violarion of my 8th amendment right- in that I was forced by the P.B.P.P to go to an institution where my medical needs were not met and I was blatantly put in danger at B.C.J.S(BERK'S COUNTY JAIL SYSTEM) I feel this is cruel and unusual punishment! I arrived at BERK'S COUNTY JAIL SYSTEM on 01/17/2018 During my intake evaluation I informed medical staff I have back problems that cause my leg to go numb and that I need a bottom bunk because for me to be on top bunk is a danger to my health I was told I would need to file a sick-call and see the treatment provider for that.(JESSE KIRSCH PA-C) I filed sick calls on: 02/15/18, 02/17/18 and 02/22/18 because on those days my left leg went numb and I almost fell. on 02/23/2018 I approached the block officer: SLODOZIAN(Spelling?) and informed him that I, once again almost fell and that I did NOT feel safe and feared for my safety. on 02/24/2018 at APPROX. 1800HRS while climbing down off the bunk my leg went numb, I fell, striking my head and cutting it open. I was taken down to medical where the wound was photographed, cleaned and I was issued IBUPROFEN by PRIMECARE MEDICAL, INC. staff: SAMANIHA KLINE)a bottom bunk D.o.J was issued at APPROX 1830HRS on: 02/24/2018.  
My celly at the time Inmate: ANDERS my celly in: 114 cell on J-Block on 02/24/2018

Who did what?

Was anyone else involved?

Who else saw what happened?

### III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. I fell striking my head and cutting it open I suffered from headaches and blurry vision for several days after the incident, as well as; a worsening of back pain since I fell. I also fear retaliation and feel as though my well-being is not cared for at this institution, my anxiety(for which I already take meds has worsened drastically and I am unable to sleep at night.

### IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a

prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes  No

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s). **BERK'S COUNTY JAIL**

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**1287 County Welfare Road L LEEKSPORT, PA 19533-9397**

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B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes  No  Do Not Know

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes  No  Do Not Know

If YES, which claim(s)? Not having bottom bunk status and I also filed on grounds of medical neglect.

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes  No

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes  No

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

**BERK'S COUNTY JAIL**

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1. Which claim(s) in this complaint did you grieve? The fact I was not given bottom bunk status as well as medical neglect because I was injured as a result.

2. What was the result, if any? The jail simply responded "You have a Low-bunk D.O.J" after the fact I had already been injured!

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. Their is no appeal system for grievances at Berk's County Jail system that I am aware of, I wrote parole telling them what happened and that I did NOT feel safe here, I wrote a similiar letter to D.O.C Headquarters in harrisburgh.

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F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: **N/A**

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2. If you did not file a grievance but informed any officials of your claim, state who you informed, when and how, and their response, if any: N/A

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G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. **I filed multiple sick-calls I filed grievance and wrote letters to:**

The Department of Corrections and P.B.P.P(Pennsylvania Board of Probation and Parole) Making them aware of the conditions I was under and the lack of medical attention and that I did NOT feel safe here and want to go back upstate to max out my state sentence.

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

## V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). I am seeking monetary compensation in excess of \$250,000.00

THE DEPARTMENT OF CORRECTIONS because pursuant to P.B.P.P 13 (Notice of Board Decision) Page 2 of 3 Until I sign form: P.B.P.P 11 and form P.B.P.P 10 is issued (Which I have not signed and p.b.p.p 10-release order- has not been issued yet) it states

I remain under the jurisdiction and control of THE DEPARTMENT OF CORRECTIONS so, therefore; they are responsible for EVERYTHING that transpired here.

P.B.P.P(Pennsylvania Board of Probation And Parole)- Because it was by there order that as a state inmate I was sent and to be housed in a COUNTY CONTRACT JAIL, in which; I have no charges past or present and in which my health, safety and general well-being was jeopardized! PrimeCare Medical, INC.- for medical neglect, medical malpractice and pain and suffering Despite, the fact; I wrote MULTIPLE sick-calls informing them of the risk to my health and safety they did nothing to help which caused me a great deal of anxiety and eventually injury to myself.

BERK'S COUNTY JAIL SYSTEM/BERK'S COUNTY JAIL SYSTEM'S WARDEN JANINE QUIGLEY- for not paying any heed to my protests that I am a state inmate sentenced to a state term not a county or County Contract term, therefore; forcing my incarceration in an institution where my medical needs were not seen to, causing me severe anxiety a violation of my 8th constitutional right, the fact; I had to live every day knowing that sooner or later I was going to fall and injure-possibly fatally and the distress that caused me is cruel and unusual punishment!

BERK'S COUNTY JAIL SYSTEMS EMPLOYEE: C.O SLOODZIAN(Spelling?)- Because on 02/23/2018

When I had almost fallen and injured myself for the fourth time I approached Officer SLOODZIAN(Spelling?) who was the block officer that night and informed him that I had almost fallen and that I currently feared for my safety, that there was a bottom bunk open in cell

111 on J-BLOCK and to please move me or contact a supervisor to do so, he responded

"This isn't your personal hotel, don't like where your at? Don't come to jail!"

The very next day (02/24/2018) While climbing down off the top bunk is when I fell,

injuring myself. now, I'm dealing with anxiety I fear they'll retaliate because they know there

VI. Previous lawsuits: in trouble and that I am filing a lawsuit.

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes        No  X  

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format. )

1. Parties to the previous lawsuit:

Plaintiff  N/A 

Defendants  N/A 

2. Court (if federal court, name the district; if state court, name the county)  N/A 

3. Docket or Index number  N/A

4. Name of Judge assigned to your case N/A

5. Approximate date of filing lawsuit N/A

6. Is the case still pending? Yes    No X  
If NO, give the approximate date of disposition N/A

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) N/A

C. Have you filed other lawsuits in state or federal court?

On other claims

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff N/A

Defendants N/A

2. Court (if federal court, name the district; if state court, name the county) N/A

3. Docket or Index number N/A

4. Name of Judge assigned to your case N/A

5. Approximate date of filing lawsuit N/A

6. Is the case still pending? Yes    No X  
If NO, give the approximate date of disposition N/A

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) N/A

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 3rd day of APRIL, 2018.

Signature of Plaintiff \_\_\_\_\_

Inmate Number 2017-1930

Institution Address 1287 COUNTY WELFARE ROAD  
LEESPORT, P.A 19533-9397

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 3rd day of APRIL, 2018, I am delivering this complaint to prison authorities to be mailed to the Clerk's Office of the United States District Court for the Eastern District of Pennsylvania.

Signature of Plaintiff: \_\_\_\_\_

UNITED STATES DISTRICT COURT  
FOR THE  
EASTERN DISTRICT OF PENNSYLVANIA

DOMONIC ANTONIO GUERRISI )  
PLAINTIFF )  
 )  
VV )  
BERK'S COUNTY JAIL SYSTEM )  
DEFENDANT ) CIVIL ACTION NO.  
BERK'S COUNTY JAIL SYSTEM'S warden janine quigley  
BERK'S COUNTY JAIL SYSTEM'S EMPLOYEE SLOBETZAN  
PENNSYLVANIA BOARD OF PROBATION AND PAROLE  
PrimeCare Medical, INC. )  
 )  
 )  
 )  
 )

This attachment is in reference to the spelling of two names mentioned in this form:

1.) The spelling in which I was incarcerated under at both S.W.C.I GRATERFORD and BERK'S COUNTY JAIL SYSTEM is incorrect. I am detained under the name "DOMINIQUE ANTOINO GUERRISI the correct spelling of my name is: DOMONIC ANTONIO GUERRISI as it appears on my birth certificate

2.) The corrections officer on duty on 02/23/2018 as the block officer on J-BLOCK at BERK'S COUNTY JAIL SYSTEM whom I informed that I had almost fallen and that i did NOT feel safe I am not sure of the exact spelling of his name to the best of my knowledge it is something like SLODODZIAN OR SLOBODZIAN

**PrimeCare Medical, Inc.**

**SICK CALL REQUEST / PETICION DE ENFERMEDAD**

NAME / NOMBRE Dominique Guerrisi DATE / FECHA Feb 15

PATIENT NUMBER / NÚMERO DE IDENTIFICACIÓN DEL PACIENTE 201

DATE OF BIRTH / FECHA DE NACIMIENTO August 28th, 1992

(UNIT / CELL) / (UNIDAD / CELULA) 7-114

(TO BE COMPLETED BY PATIENT) / (PARA SER COMPLETADA POR EL PACIENTE)

REASON FOR REQUEST / RAZÓN DE LA SOLICITUD I am writing

my back pain is literally driving me insane! I Can't even move my left leg and foot keep going numb. I almost fell flat on my face when I jumped down off my bunk this morning! I need to be done, I'm serious; I CANT take this pain much

(TO BE COMPLETED BY MEDICAL STAFF) /  
(PARA SER COMPLETADO POR EL PERSONAL)

DATE RECEIVED IN MEDICAL: triage 2/15/18 10:30 am

RESPONSE: she scheduled for 2pm 2-16-18

**PrimeCare Medical, Inc.****SICK CALL REQUEST / PETICIÓN DE ENFERMERIA**NAME / NOMBRE Dominique Guerrisi DATE / FECHA 2/17/201PATIENT NUMBER / NÚMERO DE IDENTIFICACIÓN DEL PACIENTE 2017-19DATE OF BIRTH / FECHA DE NACIMIENTO 08/28/1992(UNIT / CELL) / (UNIDAD / CELULA) J-114

(TO BE COMPLETED BY PATIENT) / (PARA SER COMPLETADA POR PACIENTE)

REASON FOR REQUEST / RAZÓN DE LA SOLICITUD I am SufferingExtreme back Pain, I can't sleep and my Left leg  
Keeps going numb. Please help(TO BE COMPLETED BY MEDICAL STAFF) /  
(PARA SER COMPLETADO POR EL PERSONAL)DATE RECEIVED IN MEDICAL: refused appointment 2-16-1RESPONSE: get lab 2-18-1

(SIGNATURE)

(DATE)

## PrimeCare Medical, Inc.

## — SICK CALL REQUEST / PETICIÓN DE ENFERMERIA —

NAME / NOMBRE Dominique Guerrisi DATE / FECHA 02/22/18

PATIENT NUMBER / NÚMERO DE IDENTIFICACIÓN DEL PACIENTE 2017-1930

DATE OF BIRTH / FECHA DE NACIMIENTO August 28th, 1992

(UNIT / CELL) / (UNIDAD / CELULA) J Block Cell 114

(TO BE COMPLETED BY PATIENT) / (PARA SER COMPLETADA POR PACIENTE)

REASON FOR REQUEST / RAZÓN DE LA SOLICITUD I need to See the

Doctor A.S.A.P, my Whole Left Leg and the bottom of my Left foot have been goin' numb. I almost Smacked my head off the Wall, Because; When I Jumped down off the top bunk I hadn't realized my Leg had gone numb and it gave out on me

(TO BE COMPLETED BY MEDICAL STAFF) /  
(PARA SER COMPLETADO POR EL PERSONAL)

DATE RECEIVED IN MEDICAL:

RESPONSE: Pt. Seen by medical 2/22/8  
M/S/PN

(SIGNATURE)

(DATE)

**PrimeCare Medical, Inc.**

**— SICK CALL REQUEST / PETICIÓN DE ENFERMERIA —**

NAME / NOMBRE Dominique Guerrisi DATE / FECHA 02/25/2018

PATIENT NUMBER / NÚMERO DE IDENTIFICACIÓN DEL PACIENTE 2017-1930

DATE OF BIRTH / FECHA DE NACIMIENTO August 28th 1992

(UNIT / CELL) / (UNIDAD / CELULA) 7-Block Cell: 111 H: 209

*(TO BE COMPLETED BY PATIENT) / (PARA SER COMPLETADA POR PACIENTE)*

REASON FOR REQUEST / RAZÓN DE LA SOLICITUD last night

While I was climbing down off my bunk I fell and hit my head. All day today I've had a headache been getting right head and feel sick to my stomach. I want to make sure the 2 things aren't related. Thank you!

*(TO BE COMPLETED BY MEDICAL STAFF) /*  
*(PARA SER COMPLETADO POR EL PERSONAL)*

DATE RECEIVED IN MEDICAL: \_\_\_\_\_

RESPONSE: \_\_\_\_\_

SIC scheduled.

R. Dano RN  
(SIGNATURE)

2/27/18  
(DATE)

Inmate Name Dominique (Dominic) GuerrisiBCP# 2017-0930Cell J-111Date 2/24/18

Instructions: Refer to the inmate handbook for information on the inmate grievance system.

Administration Use Only

Does not fit criteria for an emergency/sensitive grievance       Form is incomplete       Resubmit on proper form

Lacks details       Must be completed in English

Statement: Detail the act or condition which caused this grievance. (Be specific; list all dates, times, locations and witnesses.)

I am filing this grievance on grounds of medical neglect and staff indifference. I have a pinched Sintek nerve, I'm suffering extreme back pain and my left leg keeps going numb. I almost fell twice while climbing down once on 2/15/18 and again on 2/22/18. I wrote sick-calls detailing the pain and numbness as well as the fact I almost fell. I filed sick calls in: 2/15/18, 2/17/18 and 2/22/18. On Friday 2/23/18 I made J block C.O (sub00621n?) aware of the situation at approx. 1415 hrs and that I was ~~ever~~ in fear of my safety, nothing was done, why are my medical concerns ignored until today. 2/24/2018 at approx 1800hrs while climbing down off my bunk ~~steps~~ I fell again, this time splitting my head open. I fear for my safety in this institution, where I feel as the staff does NOT care about my well-being or safety.

## FOR ADMINISTRATIVE USE ONLY

Grievance Response: You have an order -DAS for Low Bunk which was initiated on 2/24/18. For

Grievance Answered By: Muthi & mont RN BSN HSADate 3/6/18Grievance # 03107-18Date Posted 3/6/18